

Application No.: 10/695,271
Response to Office Action of December 21, 2004
Attorney Docket: TGEDE-007A

IPW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Tewodros Gedebou) Confirmation No. 4698
)
Serial No.:	10/695,271) Art Unit: 3732
)
Filed:	October 28, 2003) Examiner: Annette R. Reimers
)
For:	COMPREHENSIVE TISSUE ATTACHMENT SYSTEM)
)

**RESPONSE TO OFFICE COMMUNICATION AND CLARIFICATION OF
APPLICANT'S RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Madam:

In response to the Office communication dated December 21, 2004, in relation to the above-identified patent application, Applicant hereby clarifies its response to the Restriction Requirement mailed November 12, 2004, as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

ATTORNEY DOCKET NO: TGEDE-007A
TITLE: COMPREHENSIVE TISSUE ATTACHMENT SYSTEM



SERIAL NUMBER: 10/695,271 FILED: OCTOBER 28, 2003

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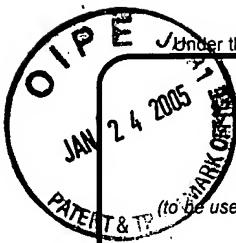

(Signature)

LINDA JOHNSON
(Typed name of person signing certificate)

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TRANSMITTAL FORM

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		Application Number	10/695,271
		Filing Date	OCTOBER 28, 2003
		First Named Inventor	TEWODROS GEDEBOU
		Art Unit	3732
		Examiner Name	ANNETTE R. REIMERS
Total Number of Pages in This Submission		Attorney Docket Number	TGEDE-007A

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	*Please charge any additional fees or credit any overpayment to Deposit Account No. 19-4330.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MATTHEW A. NEWBOLES STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	1/19/05

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Typed or printed name	LINDA JOHNSON
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Date	1-19-05

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